

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing  
OR  
☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 2014

First Named Inventor Hochschuler et al.

**COMPLETE IF KNOWN**

Application Number 09 / 794,873

Filing Date 02/27/2001

Group Art Unit 3732

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR TREATING A VERTEBRAL BODY

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 02/27/2001

as United States Application Number or PCT International

Application Number 09/794,873 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached? |                          |
|-------------------------------------|---------|----------------------------------|--------------------------|--------------------------|--------------------------|
|                                     |         |                                  |                          | YES                      | NO                       |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| 60/185,323            | 2/28/2000                |  |
| 60/220,303            | 07/24/2000               |  |
| 60/239,216            | 10/10/2000               |  |
| 60/239,217            | 10/10/2000               |  |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Approved for use through 10/31/2002. OMB 0831-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label  OR ☒ Correspondence address below

Name Robert C. Beck

Address Beck & Tysver, P.L.L.C.

Address 290() Thomas Avenue South, Suite 100

City Minneapolis

State MN

ZIP 55416

Country USA

Telephone 612-915-9635

Fax 612-915-9637

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle, if any) Stephen

Family Name

or Surname Hochschuler

Inventor's  
Signature

Date

Residence: City Dallas

State TX

USA  
Country

Citizenship USA

Mailing Address 17214 Club Hill Drive

Mailing Address

City Dallas

State TX

ZIP 75248

Country USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle, if any) Wesley

Family Name

or Surname Johnson

Inventor's  
Signature

Date

Residence: City Eden Prairie

State MN

USA  
Country

Citizenship USA

Mailing Address 3091 Spruce Trail

Mailing Address

City Eden Prairie

State MN

ZIP 55347

Country USA

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

(Page 2 of 2)

BEST AVAILABLE COPY

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

|                    |   |
|--------------------|---|
| <b>DECLARATION</b> | <b>ADDITIONAL INVENTOR(S)</b><br><b>Supplemental Sheet</b><br>Page <u>1</u> of <u>2</u> |
|--------------------|---|

|   |                         |       |    |   |       |             |     |
|---|-------------------------|-------|----|---|-------|-------------|-----|
| <b>Name of Additional Joint Inventor, if any:</b> |                         |       |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |             |     |
| Given Name (first and middle [if any])            |                         |       |    | Family Name or Surname  |       |             |     |
| Kevin L.  |                         |       |    | Nickels   |       |             |     |
| Inventor's Signature                              |                         |       |    |   |       | 11/9/01     |     |
|   |                         |       |    |   |       | Date        |     |
| Residence: City                                   | Bloomington             | State | MN | Country   | USA   | Citizenship | USA |
| Post Office Address                               | 8732 Walton Pond Circle |       |    |   |       |             |     |
| Post Office Address                               |                         |       |    |   |       |             |     |
| City  | Bloomington             | State | MN | ZIP   | 55438 | Country     | USA |
| <b>Name of Additional Joint Inventor, if any:</b> |                         |       |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |             |     |
| Given Name (first and middle [if any])            |                         |       |    | Family Name or Surname  |       |             |     |
| Thomas R.   |                         |       |    | Hektner   |       |             |     |
| Inventor's Signature                              |                         |       |    |   |       | 9/11/01     |     |
|   |                         |       |    |   |       | Date        |     |
| Residence: City                                   | Medina                  | State | MN | Country   | USA   | Citizenship | USA |
| Post Office Address                               | 825 Navajo Road         |       |    |   |       |             |     |
| Post Office Address                               |                         |       |    |   |       |             |     |
| City  | Medina                  | State | MN | ZIP   | 55340 | Country     | USA |
| <b>Name of Additional Joint Inventor, if any:</b> |                         |       |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |             |     |
| Given Name (first and middle [if any])            |                         |       |    | Family Name or Surname  |       |             |     |
| Larry   |                         |       |    | Wales   |       |             |     |
| Inventor's Signature                              |                         |       |    |   |       | 11/9/01     |     |
|   |                         |       |    |   |       | Date        |     |
| Residence: City                                   | Maplewood               | State | MN | Country   | USA   | Citizenship | USA |
| Post Office Address                               | 1654 Currie Street      |       |    |   |       |             |     |
| Post Office Address                               |                         |       |    |   |       |             |     |
| City  | Maplewood               | State | MN | ZIP   | 55119 | Country     | USA |

**Burden Hour Statement:** This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

PTO/SB/02A (3-97)  
Approved for use through 9/30/98. OMB 0651-0032  
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

+

|                    |   |
|--------------------|---|
| <b>DECLARATION</b> | <b>ADDITIONAL INVENTOR(S)</b><br><b>Supplemental Sheet</b><br>Page <u>2</u> of <u>2</u> |
|--------------------|---|

|   |                         |       |    |   |       |             |           |
|---|-------------------------|-------|----|---|-------|-------------|-----------|
| <b>Name of Additional Joint Inventor, if any:</b> |                         |       |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |             |           |
| Given Name (first and middle [if any])            |                         |       |    | Family Name or Surname  |       |             |           |
| Tyler   |                         |       |    | Lipschultz  |       |             |           |
| Inventor's Signature                              |                         |       |    |   |       | Date        | 11/8/2001 |
| Residence: City                                   | Minneapolis             | State | MN | Country   | USA   | Citizenship | USA       |
| Post Office Address                               | 15 South First St.      |       |    |   |       |             |           |
| Post Office Address                               | <del>#A119</del> #A1119 |       |    |   |       |             |           |
| City  | Minneapolis             | State | MN | ZIP   | 55401 | Country     | USA       |
| <b>Name of Additional Joint Inventor, if any:</b> |                         |       |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |             |           |
| Given Name (first and middle [if any])            |                         |       |    | Family Name or Surname  |       |             |           |
|   |                         |       |    |   |       |             |           |
| Inventor's Signature                              |                         |       |    |   |       | Date        |           |
| Residence: City                                   |                         | State |    | Country   |       | Citizenship |           |
| Post Office Address                               |                         |       |    |   |       |             |           |
| Post Office Address                               |                         |       |    |   |       |             |           |
| City  |                         | State |    | ZIP   |       | Country     |           |
| <b>Name of Additional Joint Inventor, if any:</b> |                         |       |    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |       |             |           |
| Given Name (first and middle [if any])            |                         |       |    | Family Name or Surname  |       |             |           |
|   |                         |       |    |   |       |             |           |
| Inventor's Signature                              |                         |       |    |   |       | Date        |           |
| Residence: City                                   |                         | State |    | Country   |       | Citizenship |           |
| Post Office Address                               |                         |       |    |   |       |             |           |
| Post Office Address                               |                         |       |    |   |       |             |           |
| City  |                         | State |    | ZIP   |       | Country     |           |

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

+